



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Nestor Escandon Ramos & Donna E Diaz - Escandon Date _____
Site Address: #3 Cokesbury Road Phone 910-984-7216
Subdivision: _____ Lot # 3
Description of Proposed Work: New Home Total Job Cost \$ 300,000

General Contractor Information

Paul Groff
Building Contractor's Company Name PO Box 750 VASS NC 28394 Telephone 910-691-5680
Address 52462 HEATED SQ FT _____ GARAGE SQ FT 498 Email Address paul_groff@yahoo.com
License # _____

Electrical Contractor Information

Description of Work Electrical Service Size: 200 Amps T-Pole: Yes No
Current Technologies Telephone 919-278-8894
Electrical Contractor's Company Name 1900 Sturbridge Ct. Raleigh, NC Email Address Samuel_Cloyd@yahoo.com
Address 23963U 27612
License # _____

Mechanical/HVAC Contractor Information

Description of Work By owner - HVAC Heating Air + Ventilation
By owner Telephone 910-984-2726
Mechanical Contractor's Company Name _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Plumbing # Baths 2
By owner Telephone 910-984-7216
Plumbing Contractor's Company Name _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

By owner Telephone 910-984-7216
Insulation Contractor's Company Name & Address _____

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Paul Eric Hoff
Signature of Owner/Contractor/Officer(s) of Corporation

4-7-2022
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Paul E. Hoff

Date: 4-7-2022